



PHOTOGRAPH ORDER

NAME _____
(Please Print)

ADDRESS _____

City State Zip

PHONE NUMBER _____

____ Pick-up ____ Mail

DO NOT WRITE IN THIS SPACE	
Date Issued	_____
Order #	_____
Date Rec'd	_____
Complete	_____

PURPOSE:

____ Personal
____ Publication

RG/Series #	Collection Name	Photo No.	Description	Glossy or Matte*	Size	Amount
						\$ 0.00

Processing Fee Per Order \$ 5.00

Total Cost \$ 0.00

Payment: () Charge () Cash () Check # _____

Total Paid: _____

***All Photographs are black and white glossy prints (unless otherwise specified).
Payment must accompany order.**

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